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Attorney Docket No. 3167/12A/US
HDP Docket No. 6794F-000032/US/DVK

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Jaime L. Masferrer
Application No. 10/692,643
Filed: October 24, 2003
Title: ANTIANGIOGENIC COMBINATION THERAPY FOR THE TREATMENT
OF CANCER
Group Art Unit: 1614
Confirmation No: 8629
Examiner: R. Cook
Attorney Ref: 3167/12A/US
HDP Ref: 6794F-000032/US/DVK

REVOCATION OF POWER OF ATTORNEY
SUBSTITUTE POWER OF ATTORNEY AND
CHANGE OF CORRESPONDENCE ADDRESS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

The Assignee of the above-identified patent application or issued patent,
Pharmacia Corporation, Global Patent Department, having a business office at 700
Chesterfield Parkway West at Chesterfield, Missouri 63017-1732, hereby revokes any,
and all previous powers of attorney for the above-identified patent
application or issued patent, and hereby appoints:

Harness, Dickey & Pierce, P.L.C.
7700 Bonhomme Avenue, Suite 400
Clayton, Missouri 63105, USA
Phone: 314-726-7500
Fax: 314-274-7501
Customer No. 47376

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Attorney Docket No. 3167/12A/US
HDP Docket No. 6794F-000032/US/DVK

With full power of substitution and revocation, to prosecute this application and any provisionals, continuations, continuations-in-part, divisionals, appeals, reissues, substitutions and extensions thereof and to transact all business in the patent and Trademark Office connected therewith.

All correspondence and telephone calls concerning the above-referenced application should be directed to the Applicant's attorney at the following address:

James C. Forbes, PTO Ref. No. 39,457
Harness, Dickey & Pierce, P.L. C.
7700 Bonhomme, Suite 400
Clayton, Missouri 63105
(847) 412-6350 (direct tel)
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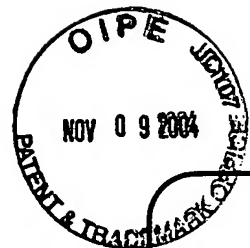
The undersigned (whose title is supplied below) is empowered to sign this Revocation and Substitute Power of Attorney on behalf of the Assignee.

I hereby declare that all statements made herein on my own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issued thereon.

Respectfully submitted,

8 November 2004
Date:

Grover F. Fuller, Jr.
Grover F. Fuller, Jr., Esq.
Assistant Secretary
Title



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/692,643
		Filing Date	October 24, 2003
		First Named Inventor	Jaime L. Masferrer
		Art Unit	1614
		Examiner Name	R. Cook
Total Number of Pages in This Submission	4	Attorney Docket Number	3167/12A/US (6794F-000032/US/DVK)

ENCLOSURES (check all that apply)		
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<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David M. Gryte, PTO Reg. No. 41,809 Harness, Dickey & Pierce, P.L.C.
Signature	
Date	November 9, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Address to:
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Application Number	10/692,643
Filing Date	October 24, 2003
First Named Inventor	Jaime L. Masferrer
Art Unit	1614
Examiner Name	R. Cook
Attorney Docket Number	3167/12A/US (6794F-000032/US/DVK)

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number: 47376

OR

<input type="checkbox"/> Firm or Individual Name	James C. Forbes Harness, Dickey & Pierce, P.L.C.				
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Address					
City	Clayton	State	MO	Zip	63105
Country	United States of America				
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I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 41,809.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Typed or Printed Name David M. Gryte, PTO Reg. No. 41,809

Signature

Date. November 9, 2004

Telephone 314-726-7500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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